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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Royal Government of Cambodia

Proposed UNFPA assistance	$16 million, $14 million from regular resources and $2 million from multi-bilateral and/or regular resources
Programme period	4 years (1997-2000)
Cycle of assistance	First
Category per decision 96/15	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	6.6	1.4	8.0
Population & development strategies	4.9	.6	5.5
Advocacy	2.5	-	2.5
Total	14.0	2.0	16.0

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CAMBODIA

Demographic Facts

Population (000) in 1995	10,251
Population in year 2000 (000)	11,637
Sex Ratio (/100 females)	93.0
Per cent urban	20.7
Age distribution (%)	
Ages 0-14	44.9
Youth (15-24)	16.5
Ages 60+	4.2
Percentage of women aged 15-49	47.0
Median age (years)	18.0
Population density (/sq km)	57
Annual population growth rate (%)	2.54
Urban	5.6
Rural	1.6
Crude birth rate (/1000)	37.3
Crude death rate (/1000	12.1
Net migration rate (/1000)	0.3
Total fertility rate (woman)	4.86
Life expectancy at birth (years)	
Males	52.6
Females	55.4
Both sexes	54.1
GNP per capita (U.S. dollars, 1994)	230

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

INDICATORS RELATED TO ICPD GOALS*

		(Thresholds)*
Births attended by health professional (%)[1]	47.0	60
Contraceptive prevalence rate (15-44)%[2]	13.0	55
Access to basic health services (%)[3]	53.0	60
Infant mortality rate (/1000)[4]	116.0	50
Maternal mortality rate (/100,000)[5]	500.0	100
Gross female enrolment rate at primary level (/100)[6]	90.0	75
Adult female literacy rate (%)[7]	65.0	50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY EXECUTIVE BOARD DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST ESA SER.A 143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Royal Government of Cambodia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $16 million, $14 million of which would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed programme has been harmonized with Cambodia's first Five-Year Socioeconomic Development Plan and will be synchronized with the programme cycles of UNICEF and UNDP. This would be UNFPA's first programme of assistance to Cambodia.

2. The programme has been designed in close consultation with the Government and with other United Nations agencies and organizations, bilateral and multilateral donors, and several national and international non-governmental organizations (NGOs) working in Cambodia. The programme takes into account the Government's national rehabilitation programme, the five-year development plan, the Cambodian report prepared for the International Conference on Population and Development (ICPD), lessons learned during UNFPA's two-year presence in Cambodia, the recommendations of the programme review and strategy development (PRSD) mission of March 1996, and the proposed programmes of other multilateral and bilateral donors.

3. The proposed programme is faced with three major challenges: the limited availability of and access to reproductive health services, the lack of reliable demographic and socio-economic data, and inadequate human and physical resources. In the long run, the goal of the programme is to enable the Government to formulate and implement a fully integrated population and development programme, but this is necessarily going to take time. The fundamental aim of UNFPA's assistance to Cambodia, therefore, is to help build national capacity from what is now a very low level. During the period of the proposed programme, UNFPA will help the Government provide basic reproductive health services in primary health care facilities, carry out a national census, formulate and begin implementation of a population education programme and carry out certain advocacy activities.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the ICPD, endorsed by the General Assembly through its resolution 49/128.

Background

5. According to United Nations estimates, the population of Cambodia in early 1993 was 8.9 million. The combination of an average annual growth of 2.7 per cent and the repatriation of 365,000 people from border camps led to rapid growth in the population -- to more than 10 million in early

1996. All of these estimates are very approximate in that the last national census was taken in 1962. The country's recent demographic history has been heavily affected by the war and civil disturbances before, during and after the Khmer Rouge regime from 1975 to 1979. It has been estimated that during this period more than 1.5 million people died and another 1 million left the country, out of a total population of 7 million. As a result, the present population is characterized by a strong sex imbalance (56 per cent of the adult population is female), an unusually high proportion of households headed by women (about 25 per cent), a high fertility rate (nearly 5 children per woman), a high proportion of youth (47 per cent under the age of 15 years), and a high migration rate.

6. Out of seven indicators used in the revised approach for UNFPA resource allocation, Cambodia meets the threshold levels for only two of them -- female literacy and girls' enrolment in primary school. It is very far from meeting the threshold levels for the health indicators. In addition, Cambodia is classified as a least developed country, with a per capita gross domestic product of around $230. As a result, Cambodia falls into the "A" category in terms of UNFPA assistance.

7. There is no elaborated national population policy in Cambodia nor does there seem to be any national awareness of the relation between the growing need for social services and the ever-increasing numbers of dependent children. In fact, many officials feel that the country has a population "gap" to make up following the loss of population during the Khmer Rouge regime. However, the Government has come to recognize the deleterious effects on maternal and child health of births that are too early, too late and too close together and has adopted a birth-spacing policy promoting the use of reversible methods of contraception. Among other problems faced by Cambodia are extremely rapid increases in the rates of sexually transmitted diseases (STDs) and HIV/AIDS and widespread incidences of sexual exploitation and domestic violence.

8. Women are not culturally or legally in a situation of inferiority in Cambodia, but the country's modern political history and its poverty have resulted in a gender imbalance detrimental to women with regard to access to education and social services and to participation in decision-making bodies. However, Cambodia was represented by strong government and NGO delegations at the Fourth World Conference on Women, and this has resulted in the upgrading of the State Secretariat for Women's Affairs into a full-fledged Ministry of Women's Affairs, to be headed by a woman.

UNFPA and other assistance to date

9. UNFPA opened a permanent office in Cambodia with a resident Country Director in May 1994 and initiated two major projects soon after: one for promoting birth spacing and the other for beginning preparations for a national census, including carrying out a large-scale demographic survey. These projects were approved by the Executive Board in February 1995 for $1.5 million and $1.4 million, respectively. The United Kingdom pledged a total of $400,000 to the birth-spacing project. Among the achievements of these initiatives were the development and adoption of a national birth-

spacing policy, development of curricula and training materials for health professionals, development and production of information, education and communication (IEC) materials, a national survey on knowledge, attitude and practice (KAP) concerning fertility and contraception, and the large-scale demographic survey.

10. UNICEF and WHO have initiated training and service delivery activities in the area of maternal and child health (MCH). Together with UNDP, these agencies have supported a reform of the Ministry of Health to strengthen the district health system and develop human resources. The Asian Development Bank provided support to the National Institute of Statistics for data collection and policy development. In the education sector, UNICEF, UNESCO and the European Union are coordinating efforts to redesign curricula and to train teachers.

11. There is general consensus that during its first two years, UNFPA was successful in raising the profile of population issues and made concrete achievements in its two initial projects. The implementation rates of these projects reached 90 per cent, in large part because they were new, responded to real needs, and benefited from government commitment at all levels. The choice of appropriate experts, advisers and consultants allowed significant progress despite the weakness of national capacity. Because of UNFPA's achievements, the Government has assigned to UNFPA a lead role in helping coordinate external assistance in the fields of population and reproductive health. The proposed programme will follow up on the successes obtained in the Fund's two initial projects. In all cases, these activities will now emphasize the development of the capacity of national counterpart staff.

12. There are four main constraints to the formulation and implementation of population policies and programmes in Cambodia: lack of government commitment, weak national capacity, lack of coordination among activities, and paucity of data. The weakness of national capacity affects the public sector at all levels and in all domains. It results from the legacies of past regimes, the very low wages paid to public sector employees, and the unusual political system, which has two almost parallel governments with little coordination between them. This impacts on the implementation of all programme activities. For example, during the first two years of UNFPA's operations in Cambodia, it was apparent that there was a major discrepancy between the poor quality of reproductive health services being provided in public, non-paying health facilities and the much better services offered by the private sector, often by "moonlighting" public employees. This meant, of course, that the large part of the population unable to pay for reproductive health services received either inadequate services or no services at all. Under the proposed programme, efforts will be made to reduce this discrepancy by helping to improve the conditions of the public employees and also by working with the private sector, including sub-contracting some activities to them.

13. The lack of reliable data in all fields related to population and development is another major constraint. The Government has no demographic figures and no population projections on which planning can be based. The civil registration system is irregular and not properly compiled. The PRSD, while acknowledging post-ICPD guidelines limiting support to population censuses, recommends that UNFPA support the first Cambodian census in 35 years to provide an appropriate database for development planning and to build national capacity for future data collection exercises.

Proposed programme

14. Reproductive health. The overall strategy of the proposed programme is building capacity at all levels in both government and non-government institutions. Building a strong base for implementing the components of the programme is the most important condition for sustainability and reduction of dependency on external assistance. This strategy implies strengthening the central and provincial levels in order to ensure leadership, but it also means building up human resources at the district and commune levels, where service providers, educators and advocates are in direct contact with the people.

15. In the area of reproductive health, including family planning and sexual health, the sub-programme aims at the provision of safe, accessible and affordable family planning services for 80 per cent of women at the primary health level and the integration of these services into a broader range of reproductive health services, including safe motherhood, prevention of STDs and HIV/AIDS, reproductive morbidity care and attention to problems of infertility. Adolescents would be given special attention in view of the growing problems of pregnancies, unsafe abortions and STDs and HIV/AIDS among adolescents, and the sexual exploitation of minors. Youth groups will be approached, particularly those who can reach young people not in school, and sex education will be introduced into school curricula.

16. The contraceptive requirements for the public sector for the next four years have been estimated at $2.9 million. For the first three years of the programme, 1997-1999, the contraceptives will be procured and paid for by the German Government under a bilateral agreement with the Ministry of Health. UNFPA will assist the Government in looking for additional funding to cover the needs of the last year of the programme and for subsequent years.

17. Population and development strategies. As noted above, the priority in the area of population and development strategies will be to establish a political and technical framework for population policies and to help the country carry out the much-needed population census. Both components rely heavily on a strategy of building capacity so that they can be sustainable over the long term. The Ministry of Planning has taken the lead in assigning most of its staff to prepare for the census. Scheduled for the last month of 1997, the census will require around 30,000 workers, and the challenge will be to ensure proper training and appropriate logistics. Several donors have expressed

interest in the exercise, but none have so far committed funds. The census will require collaboration between the Ministries of Planning and the Interior and substantial donor inputs in addition to UNFPA technical support.

18. As a complementary measure of capacity building in data collection and analysis, and if additional funding can be obtained, training in demography and population sciences will be carried out at the University of Phnom Penh and at several ministries. Policy-relevant population research would also be supported.

19. Advocacy. The Fund will help the Government develop a national masterplan for advocacy as well as for IEC activities in support of reproductive health. This will include identifying target audiences, proposing relevant messages, designing targeted materials and measuring outcomes. Specifically, the Fund would assist in developing awareness campaigns for the mass media on the prevention of STDs and HIV/AIDS. NGOs have shown themselves to be particularly suitable in helping to carry appropriate messages to the grass-roots level. The priority audience for reproductive health information is, in fact, village women, who are often poorly educated and whose behaviour is often based on rumours, misinformation and no information at all. The UNFPA-supported KAP survey revealed, for example, that most Cambodian women did not know when the fertile period was in their menstrual cycle.

20. Gender sensitization would be a crucial component of all advocacy and population education activities, focusing on reproductive health, education, economic empowerment, and access to justice and legal aid. UNICEF, UNESCO, UNDP and the United Nations Centre for Human Rights have initiated gender training in these four fields. UNFPA will support the Ministry of Women's Affairs as the leading institution in gender advocacy, but will work with NGOs and with other governmental agencies as well. Women's NGOs and religious institutions have a role to play in some specific population education issues, such as prevention of teenage pregnancy, promotion of family cohesion, reduction of domestic violence, AIDS prevention and environmental protection. Under the proposed programme, the Fund will work with such national NGOs as the Khmer Women's Voice Centre, Cambodian Researchers for Development, the Reproductive Health Association of Cambodia, and the Association of Cambodian Local Economic Development Agencies in promoting these goals.

Implementation, monitoring and evaluation

21. The programme would be carried out by government agencies from the various sectoral ministries, UNFPA, other United Nations agencies and organizations and both national and international NGOs. The UNFPA Country Support Team (CST) headquartered in Bangkok, Thailand, would provide technical backstopping. A mid-term review would be undertaken at the beginning of 1999. In accordance with UNFPA guidelines, quantitative and qualitative indicators will

be used to monitor and evaluate programme impact. Each project will have annual reviews, during which the annual report and the forthcoming workplan will be examined. With a view to assessing the impact of the reproductive health sub-programme, a new KAP survey on fertility and contraception would be undertaken in 1999 and compared to the baseline survey carried out previously.

22. With regard to the United Nations system, the Resident Coordinator would hold regular meetings of the member organizations of the Joint Consultative Group on Policy (JCGP), as well as other members of the United Nations System in order to facilitate the harmonization of programmes and the joint funding of some projects. It is planned that UNAIDS will start activities in Cambodia during the period of the proposed programme.

Recommendation

23. The Executive Director recommends that the Executive Board approve the programme of assistance for Cambodia, as outlined above, in the amount of $16 million over the period 1997-2000, $14 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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